

## REMARKS

Applicants would like to thank Examiner Gray for the constructive in person interview held on March 4, 2011. Claim 1 is amended and claim 138 is submitted as discussed during the Examiner Interview. In response to the above-identified final Office Action (“Action”), Applicants traverse the Patent Office’s rejection of the claims and seek reconsideration thereof. Claims 1, 4-10, 12-28, 115-122, 127-128 and 132 are pending in the present application. Claims 1, 4-10, 12-28, 115-122, 127-128 and 132 are rejected. In this response, claim 1 is amended. Claims 117-122 and 127-128 are cancelled. Claim 138 is submitted for examination. Claims 138 is supported at least at paragraphs 67-72; and Figs. 1-2 of the application.

### **I Claims Rejected Under 35 U.S.C. §103(a)**

In the Action, claim 1 is rejected under 35 U.S.C. §102(b) as being anticipated by U.S. Patent No. 5,456,667 issued to Ham et al. (“Ham”) in view of U.S. Patent No. 5,441,499 of Fritsch (“Fritsch”). Applicants respectfully traverse the rejection.

Independent claim 1 provides the following:

1. A deflectable catheter assembly comprising:  
a catheter shaft having a catheter proximal section and a catheter distal section, the catheter distal section defining a length, said catheter distal section being more flexible than said catheter proximal section and said catheter proximal section having a length greater than that of the catheter distal section;  
a tendon disposed within a first lumen of said catheter shaft, said ~~first lumen~~tendon being approximately centrally located within said catheter shaft along an entire length of said catheter proximal section and said first lumen located off-center of said catheter shaft at said catheter distal section, ~~said wherein deflection of the tendon being able to deflect~~deflects said catheter distal section ~~when being pulled on without modifying a length~~the catheter distal section length of the catheter shaft;  
a needle disposed within a second lumen of said catheter shaft, said second lumen being located off-center within said catheter shaft at said catheter proximal section and said second lumen approximately centrally located within said catheter shaft at said catheter distal section; and

a catheter handle coupled to said catheter shaft, said catheter handle including a first control mechanism to control said tendon. (Emphasis added)

Applicants respectfully submit that the cited references fail to teach or provide any motivation or prediction for “catheter shaft having a catheter proximal section and a catheter distal section the catheter distal section defining a length” and “wherein deflection of the tendon deflects said catheter distal section without modifying the catheter distal section length of the catheter shaft” as recited in amended claim 1.

Ham describes a catheter with a shaft 11 having an expandable region 12 formed of a tubular material that continues to the distal end of the catheter. See Ham, Abstract. Specifically, Ham discloses a catheter having “an expandable region 12 beginning at the distal end of the catheter body and continuing the catheter body in a one-piece configuration.” See Ham, col. 5, lines 12-15. The distal portion is defined by Ham as extending from side port 21 in sidewall 22 of tubular catheter body 11 to port 23. See Ham, col. 5, lines 23-25. Ham further discloses that expansion of expandable region 12 is controlled by tendon 13. Ham uses tendon 13 to pull distal collar 31 to shrink the length of expandable region 12 (Fig. 1a). This is not deflection without modifying the length as claimed (as suggested at pg. 3 para. 2 of the OA).

Fritzsch shows RF lead assembly 37 loose within tube shaft 11 but centrally located at tip 12 so that draw cable 17 can bend shaft 11 (col. 5 lines 5-10; and Figs. 1 and 3). Assembly 37 is loose, but is not necessarily off-center in a proximal section as claimed (see pg. 4 Fig. 3 of the OA).

Claims 4-10 and 12-21 are rejected under 35 U.S.C. §103(a) as being obvious over U.S. Patent No. 6,123,699 issued to Webster, Jr. (“Webster”) in view of Ham in further in view of Fritzsch. Applicants respectfully traverse the rejection.

Claims 4-10 and 12-21 depend from claim 1 and incorporate the limitations thereof. Thus, for at least the reasons previously discussed, Ham and Fritzsch fail to teach or provide any motivation for claim 1. Webster has pull wires 31 extending from handle 14, through outer lumens 17, and electrodes 28/29 within inner lumen 18 of catheter body 12 (col 5. lines 31-32,

50-54; and Figs. 2, 8 and 11). This is not a tendon approximately centrally located within proximal section as claimed (see pg. 6 para. 1 of the OA).

In the outstanding Action, claims 22-28 are rejected under 35 U.S.C. §103(a) as being obvious over Webster in view of Ham in further view of Fritzsich and in further in view of U.S. Patent No. 6,254,598 issued to Edwards et al. (“Edwards”). Applicants respectfully traverse the rejection.

Claims 22-28 depend from claim 1 and incorporate the limitations thereof. Applicants respectfully submit that for at least the reasons previously discussed, the combination of Webster, Ham and Edwards does not disclose or render predictable each of the elements of claims 22-28. In particular, Edwards does not cure the deficiencies of Webster with respect to the elements of a “a needle disposed within a second lumen of said catheter shaft, said second lumen being located off-center within said catheter shaft at said catheter proximal section and said second lumen approximately centrally located within said catheter shaft at said catheter distal section” as incorporated into claims 22-28 from claim 1. Applicants respectfully request reconsideration and withdrawal of the rejection of claims 22-28 under 35 U.S.C. §103 in view of Webster, Ham and Edwards.

In the outstanding Action, claims 115-122, 127-128, and 132 are rejected under 35 U.S.C. §103(a) as being obvious over Webster in view of Ham in further view of Fritzsich in further in view of Edwards and in further view of U.S. Patent No. 6,770,070 issued to Balbierz (“Balbierz”). Applicants respectfully traverse the rejection.

Claims 115-116 and 132 depend from claim 1 and incorporate the limitations thereof. Applicants respectfully submit that for at least the reasons previously discussed, the proposed combination of Webster, Edwards, and Balbierz does not disclose or render predictable each of the elements of claims 115-116 and 133. In particular, Balbierz does not cure the deficiencies of Webster, Ham and Edwards with respect to the elements of “a needle disposed within a second lumen of said catheter shaft, said second lumen being located off-center within said catheter shaft at said catheter proximal section and said second lumen approximately centrally located within said catheter shaft at said catheter distal section” as incorporated into claims 115-116 and 132

from claim 1. Applicants respectfully request reconsideration and withdrawal of the rejection of claims 115-116 and 132 under 35 U.S.C. §103 in view of Webster, Ham, Edwards, and Balbierz.

### **III. Additional Claim 138**

Applicants submit that additional claim 138 is patentable over the references for at least the reason that the references do not teach “a catheter shaft having a catheter proximal section fixed directly to a catheter distal section;...a tendon disposed within a first lumen...fixed axially at an approximately central location within said catheter shaft along an entire length of said catheter proximal section and fixed axially at a location off-center of said catheter shaft at said catheter distal section,...a needle disposed within a second lumen being fixed axially at a location off-center within said catheter shaft at said catheter proximal section and fixed axially at an approximately central location within said catheter shaft at said catheter distal section”, as required by claim 138.

Ham has a shorter proximal region attached directly to a longer distal region (see Fig. 1); not a shorter proximal region fixed directly to a longer distal region as claimed (as suggested at pg. 3 para. 2 of the OA). Also, Ham does not show an axially fixed proximal tendon lumen (see Fig. 1) as claimed.

Fristzsch shows RF lead assembly 37 loose within tube shaft 11 (col. 5 lines 5-10; and Figs. 1 and 3). Assembly 37 is loose, but is not axially fixed as claimed (see pg. 4 Fig. 3 of the OA).

Webster has pull wires 31 extending from handle 14, through outer lumens 17, and electrodes 28/29 within inner lumen 18 of catheter body 12 (col 5. lines 31-32, 50-54; and Figs. 2, 8 and 11). This is not a tendon approximately centrally located within proximal section as claimed (see pg. 6 para. 1 of the OA).

### CONCLUSION

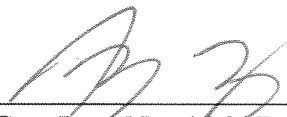
In view of the foregoing, it is believed that all claims now pending patentably define the subject invention over the prior art of record and are in condition for allowance and such action is earnestly solicited at the earliest possible date.

If necessary, the Commissioner is hereby authorized in this, concurrent and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2666 for any additional fees required under 37 C.F.R. §§ 1.16 or 1.17, particularly extension of time fees.

Respectfully submitted,

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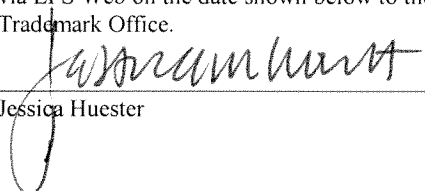
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### **CERTIFICATE OF TRANSMISSION**

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